

AND ZONING SERVICES

Department of Building & Zoning Services

Scott Messer, Director 757 Carolyn Avenue, Columbus, Ohio 43224-3218

CONTRACTOR COMPLAINT FORM

Please complete this form, have your signature notarized, and return form to Department of Building and Zoning Services, 757 Carolyn Avenue, Columbus, Ohio 43224

Attn: Secretary of the Board for:
Electrical Contractors Board
DATE:
ADDRESS OF SITE WHERE WORK WAS PERFORMED:
COMPLAINANT INFORMATION:
Name:
Address:
Home Phone: Business Phone:
EMail Address:
PROPERTY OWNER INFORMATION (Complete if different than complainant):
Name:
Address:
Business Phone:EMail Address:
CONTRACTOR INFORMATION:
Name: License or Registration number:
Name of Company:
Company Address:
Business Phone: EMail Address:

ADDITIONAL INFORMATION:

Were you informed by a representative of the company that they v	were licensed or registered to perform in the City of Columbus?	
To your knowledge, was the proper permit(s) obtained for the sco	ope of work completed? YES NO	
Were you supplied with a written contract? YES NO Wa	s the contract signed by you? YES NO	
What was the original date of the agreement or contract?		
What date was the job initiated? What date	date was the job completed?	
Did anyone other than the contractor purchase any of the materials? TYES NO If yes, by whom:		
WRITTEN COMPLAINT: Please describe your complaint regarding the work completed an complaint. (i.e.: contract or agreement, permit forms, inspection		
The information supplied on this form is true to the best of my kn	nowledge.	
Signed:	Date:	
Sworn to before me and subscribed to in my presence this	day of , in the year of	
Notary	My commission expires	
Notary seal here:		
For office use only:		
Reviewed by:	Date:	